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## Certificate of Mailing

Date of Deposit: November 13, 2001Label Number: EK149405366US

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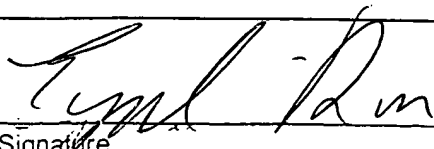


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## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	EMP Hydrogel <u>CON</u>
Applicant	Ron <i>et al.</i>
Title	End-Modified Thermal Responsive Hydrogels
<b>PRIORITY INFORMATION:</b>	
This application claims priority from United States provisional patent application 60/095,330 filed August 4, 1998 and United States provisional patent application 60/097,741 filed August 24, 1998 <u>This application is a continuation of co-pending application USSN 09/368,440 filed August 4, 1999.</u>	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	[1] pages
Specification	[54] pages
Claims	[7] pages
Abstract	[1] pages
Drawing	[6] pages
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application [ <u>09/368,440</u> ] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	[3] pages
Statement Deleting Inventors	[**] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] pages

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Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input checked="" type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/308,440 and such small entity status is still proper and desired.	[1] pages
Preliminary Amendment	[7] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] pages
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$ 370.00	\$370.00
Excess Claims Fee: 1 - 20 x \$9	\$00.00
Excess Independent Claims Fee: 1 - 3 x \$39	\$00
Multiple Dependent Claims Fee: \$130	\$00.00
Total Fees:	\$370.00
<input checked="" type="checkbox"/> Enclosed is a check for \$370.00 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time.	
<b>CORRESPONDENCE ADDRESS:</b>	
Eyal S. Ron 7 Coach Road Lexington, MA 02420 <div style="text-align: right;">           Telephone: 617-380-8200            Facsimile: 781-863-9461         </div>	
 Signature	11/13/01 Date